C. Burt

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIALNO.

10/548374

20
APPLICANT(S)

2.14.2006

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|                      | AS FILED      |               |         | TER<br>HOMENT .                  | AFTER  1 MAMENDMENT |              |
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|       | 94              |               |              |             |                     |             |              |  |  |  |  |
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| •     | 9.6             |               |              |             |                     | ·           | ]            |  |  |  |  |
|       | 97              |               |              |             |                     |             |              |  |  |  |  |
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|       | TOTAL IND.      |               |              |             | I                   |             |              |  |  |  |  |
|       |                 |               | *            | لــــــ     | ,♥.                 |             |              |  |  |  |  |
|       | TOTAL BEF.      |               |              |             |                     |             |              |  |  |  |  |
| •     | TOTAL<br>CLAUMS | •             |              |             |                     | . •         |              |  |  |  |  |

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